

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D.,

Editors.

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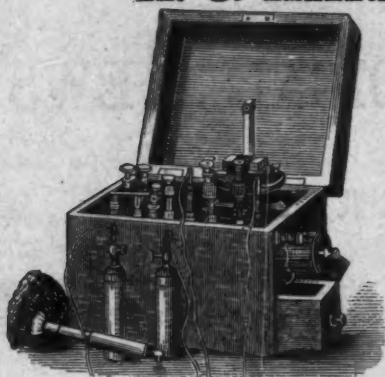
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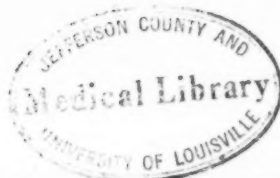
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"NEC TENUI PENNA."

Vol. XIV.

LOUISVILLE, JULY 1, 1882.

No. 1.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

This Association held its sixth annual meeting in Cincinnati on May 16th. The session was a quiet one, and the attendance was larger than might have been expected when the depressing circumstances under which the members met are taken into account.

A survey of the proceedings shows that outside of a mutual exchange of views as to how a reform in medical education might be brought about, with some amendments to the constitution and by-laws looking to a modification of the rules which fix the requirements for graduation, little was accomplished. All the eastern colleges had withdrawn from the Association, and not a few of the western and southern schools had promptly followed their example. Clearly there was nothing left to be done by those who stood true to their colors but to adopt a standard which would allow them to successfully compete with the influential institutions which had deserted them.

Reform in medical education in any true sense of the term can not under the circumstances be hoped for in the immediate future; but still the members of the organization believe that the Association has done good work, and developed a strength and efficiency which warrants its continuance.

The society adjourned with the full belief on the part of its members that the meeting

at Nashville next May would show substantial gain in favor of the cause for the promotion of which it was established. The following quotations, from two of our western cotemporaries, give a clear view of the situation:

It was a felicitous thought upon the part of Prof. Bodine to celebrate our one hundredth anniversary by inaugurating an advance in medical education in the United States. The Association of Medical Colleges formed in 1876 accomplished much good and was felt to be a power in the country. The flimsy pretext given by one of the most prominent New York schools for not joining the Association was that their laws of organization *in regard to beneficiaries* would prevent their conforming to the rules of the Association. Because this school, being unfettered, might form a larger matriculation-list, other schools feared theirs would become less, and withdrew from the Association. The "five-per-cent-of-deadheads rule" of the Association they saw would dwindle their matriculation- and graduation-lists too much, and the Nestor of the profession turned the corpse over two years ago to the anatomist, the incoming president, Prof. Bodine, and the eastern schools took their leave. These schools still have the assurance to send their circulars west and south, we presume, to let the students of those parts know that the latch-strings are out should any attempts be made at unwarranted advances in the standard.

As the membership of the Association stood three years ago, no school in the country could have lived even probably to the present day without either becoming a member or making its standard to correspond with that of the Association. Some county societies had already come to the support of the Association by voting to recognize only the diplomas of such colleges as belonged to the Association, and in a very short time State societies would have done the same.

Thus we see the foundation was being laid deep and strong, and medical teaching bade fair to be clothed with a dignity becoming the noble calling.

No one would dare to do such violence to the intelligence of the general profession of the country to-day as to say it is satisfied with the present medical status.

There is already manifesting itself a feeling of impatience on the part of the profession for a higher standard, and State boards of health are springing up, and medical schools are served with notices of their increased demands.

If we are not in error, it was the determination of the West and South at the recent meeting of the Association of American Medical Colleges in Cincinnati not only to second the steps of these State boards, but to be able to say to them, We are prepared and have ordered another advance; will you support the column?—*Cin. Lancet and Clinic.*

The tone of the meeting, which continued through the entire day, and the spirit of its individual members indicated that the Association has entered upon a more hopeful future. They are convinced that as great benefits will accrue to medical colleges from intimate association and organization as to other institutions or individual interests.

It will be seen that all the eastern colleges have withdrawn from this Association. Those who have watched the history of this Association will remember that this withdrawal followed closely those efforts which the western schools made to advance the requirements for the degree of M.D.

Thus deprived of all sympathy or encouragement from either the medical colleges, the medical profession, or the medical press of the East, the Association has been compelled to withdraw for the present its requirement for attendance upon three terms of college instruction as a condition for conferring the degree of M.D. It is hoped that such a change in professional affairs may speedily take place as will permit a return to the three-term requirement, or even a still greater one. Meantime it is hoped that all reputable medical colleges who recognize the fitness of a yearly friendly conference between the several medical schools, and the advantage of combined efforts by the same, will join the Association and help on its work.

J. M. BODINE, *Pres't.*

—*Detroit Lancet.*

The enemies of this movement will doubtless rub their hands with satisfaction as they view its failure to secure the much-desired end for which it was set on foot; but their complacency must be somewhat disturbed when they see it continue on a basis which may enable it ultimately to reach a substantial reform in medical education. Though it were as dead as the political issues of

twenty years ago, they can not say that its operations have been barren of results or that the condition of medical education to-day is not better because of its work. Numerous schools under its influence have been compelled to discontinue abuses which were making medicine a by-word in the land; and if it had not these results to show as trophies of its conquests, it can claim the lasting honor of having called the eastern schools to show their hands, that all might see the sort of game they were playing. The cry of cheap schools and low standards for graduation when trumpeted forth in the future, as in the past, by these institutions will fail to charm the ambitious western student into the belief that these schools are run upon any higher basis than that of their western rivals.

Again, it has demonstrated the fact that a reform in medical education must come through the profession and the people at large. No school or association of schools can raise the standard of medical education so long as it is possible for a half dozen doctors in any town to secure from the legislature of the State in which they may live a charter constituting them a faculty of medicine; for with every well-established college that proposes to graduate students only upon a rigid examination, a dozen of these ephemeral schools will spring up and offer to take them and put them through on easier terms. The old school therefore if unendowed must accommodate itself to the new conditions or starve in stately dignity, since the majority of students are prone to take the shortest route to the degree.

The profession is blameworthy in another particular, since physicians too often take as students young men who are wanting in the general education and culture necessary for the proper mastery of the college course of instruction. The colleges teach medicine and its collateral sciences only, and to master these mental discipline and a certain amount of preliminary education are required of the student. The college has done its duty when it has put into the minds of its stu-

dents the essentials of the science of medicine, rejecting, of course, at the final examinations, the idlers and hopelessly incompetent; and if the preceptors will send to the colleges men who ought at the time to be studying at the district schools, they must not complain if, upon their return with the much-coveted diploma to enter the field in competition with those who sent them, the young doctors are neither philosophers nor savants.

Turning to the people, who will say, on noting the encouragement which quacks receive on every hand from the clergy, the press, and the laity, with the uncounted gallons of nostrums recklessly swallowed day by day by high, low, rich, and poor, that the people care for legitimate medicine? Or who, on seeing among regular practitioners the ease with which the shrewd or handsome ignoramus acquires a large and paying practice, while his more cultured and competent neighbor starves by his side, will say that the people are not supplied with better doctors than they are willing to support? No reform ever comes until the spirit of the age is ready for it. When the people want better doctors they will cease to encourage charlatans, stop swallowing nostrums, legislate against wildcat medical schools, and endow a suitable number of institutions for the production of scientific physicians. Until that time comes, the advocates and supporters of legitimate medicine must be content to make the best of their circumstances; and to do this they will be compelled to adjust themselves, in a measure at least, to their environment. The schools must make the best physicians possible of the material given them to work upon, while the profession at large must, by the display of superior skill, bring the people up to an appreciation of the best. Legitimate medicine will always have a place, but in the present condition of things there will ever be found some chaff among the wheat.

The American Medical College Association has failed so far as the attainment of immediate results is concerned, but its

founders and supporters will find in the retrospect much that may give them comfort. They have put themselves on record for reform, and shown where the barriers to the movement lay, causing its friends and its enemies to take sides. However bad may be the state of medical education in the future, no one can point the finger of scorn at them.

Another count in their favor is, that they still continue the organization, thus showing that they do not propose to give up the good work, though none can realize more fully than they that

"Never on custom's oiléd grooves
The world to a higher level moves,
But grates and grinds with friction hard
On granite boulder and flinty shard."

MISCELLANY.

IODOFORM IN SURGERY.—Dr. W. T. Belfield writes from Vienna to the Chicago Med. Journal and Examiner:

The question as to the value of iodoform in surgery (or rather as to the dangers attending its use, for in regard to its good qualities there is no essential difference of opinion) is still the subject of animated discussion. The deductions of König, as a commentary to his report of disastrous cases in recent numbers of the *Centralblatt für Chirurgie*, have called forth energetic protest from god-father Mosetig Moorhof. He says, "I have never had a case of intoxication from iodoform, although I have used iodoform dressings almost exclusively during the last four years in the treatment of some three thousand in-patients and about four thousand out-patients." He explains this fortunate immunity by the facts (1) that the iodoform is never used in large quantities (seventy grams is his maximum, I believe); (2) that it is never kept in contact with the wounded surface *under pressure*; (3) that the dressing is changed only at long intervals; (4) that in changing the bandage the wound is never syringed out in order to apply fresh iodoform, because, as is known, absorption proceeds more rapidly in granulating than in fresh wounds; (5) because the iodoform is used alone, i. e. without any other antiseptic. He lays great stress upon this latter measure, and denounces especially the (in Germany almost universal) combi-

nation of carbolic acid with iodoform. He refers to several cases of reported intoxication, in one of which the reporter (Höftman) says, "The scanty urine, containing large quantities of carbolic acid, first showed the presence of iodoform on the third day, after disappearance of the carbolic acid." In another (König's), "The urine is almost black, but contains no iodine salts." Now, inasmuch as Mosetig, who does not use carbolic acid, always finds iodine in the *first* urine after an iodoform dressing; and inasmuch as carbolic acid is known to cause irritation, even inflammation of the kidneys, Mosetig is inclined to ascribe the retention of the iodine in the blood, and hence the intoxication, to the use of carbolic acid. He urges therefore the exclusive use of the one or the other antiseptic.

Winiwarter, in Liège, a former assistant of Billroth, has recently appeared among the champions of iodoform. He has secured all the good and none of the bad results ascribed to the dressing, having never seen a case of intoxication. He irrigates the wound with carbolized water, and usually drains. He paints superficial wounds with a solution of iodoform in collodion.

In another of the large surgical clinics in Vienna (Prof. Dittel's) iodoform has been the staple dressing for the past year, without having caused any decided symptoms of intoxication.

MEDICO-CHIRURGICAL SOCIETY OF LOUISVILLE.—At a recent meeting of this Society Dr. J. B. Marvin was elected president and Dr. Ap Morgan Vance secretary and treasurer for the ensuing year. These elections were unanimous, the secretary casting the vote for the Society.

Dr. W. O. Roberts, the retiring president, made some appropriate remarks, in which the work of the Society for the year was passed in review.

CONDEMNED AT HOME.—Drs. Alonzo Clark, F. H. Hamilton, and N. Bozeman approve the action of the American Medical Association in excluding the delegates from the New York State Medical Society, and express the belief that at the next meeting of the State Society there will be a sufficient representation of the profession of the State to repudiate the new code.

COLLEGE OF PHYSICIANS AND SURGEONS is the name of the new medical school in Chicago.

THE ADMINISTRATION OF CHLOROFORM.—The *Gazette des Hôpitaux*, at the end of the *résumé* of the prolonged discussion on this subject which has just terminated at the Académie de Médecine, furnishes the following account of the rules of procedure observed by a *collaborateur* who has been much employed, with constant success, in the administration of chloroform during the last ten years:

1. The compress is to be preferred to all other means. A handkerchief is to be had every where, and alarms the patient less than any thing else.

2. Fold the handkerchief into the form of the mouth of a horn, and keep it closely pressed against the point of the nose; but only pour the chloroform on the part of it which is not directly in contact with the skin.

3. Its application should be intermitted, but this need not be done in the precisely regulated manner recommended by Professor Gosselin.

4. Give very little chloroform at the commencement, in order to accustom the patient to it and prepare him for the feeling of suffocation. Then, when the first inspirations are over, pour on the chloroform very often, otherwise much time will be lost and complete anesthesia obtained only with difficulty.

5. Before making the application take care that no article of dress constricts the patient, removing even the string of a cap.

6. Expose the epigastrium, and from the very commencement keep the eye upon it, and *constantly* watch the respiration, without caring about the pulse.

7. Always have a forceps within reach.

8. As soon as the respiration becomes noisy and stertorous, remove the compress and allow the patient to breathe fresh air for a time.

8. When respiration is arrested, seize the tongue with the forceps and draw it out, and immediately commence artificial respiration. If the respiration is not reëstablished after a few seconds, place the head low, forcibly flagellate the cheeks, keep the tongue out, and continue the artificial respiration for five, ten, fifteen, or even twenty minutes, if necessary.

9. When the respiration is noisy, pass into the back of the throat a sponge mounted on a forceps, in order to remove the mucosities existing there, as they frequently do in patients suffering from colds.

10. There is but one contra-indication to

the employment of chloroform—namely, advanced phthisis. Affections of the heart are not contra-indications.

11. Hysterical subjects should be distrusted.

12. Alcoholic subjects are very long and difficult in being brought under the influence of chloroform, but they may take it without danger.—*Med. Times and Gazette.*

VICTIM OF THE ANTI-VACCINATION CRAZE.
The following in regard to Samuel Piercy, the actor, who died of smallpox in Boston a short time since, is copied from the New York correspondence of the Philadelphia Press: "He was one of a half dozen intelligent men I ever knew to be influenced by the crazy howls of the anti-vaccination fanatics. Jebb and Bergh and the rest of the mistaken lot had managed to convince him that the risks lurking in the preventive were worse than the dangers of the disease. Before leaving New York, a few weeks ago, he laughingly rejected the advice of friends who urged him to be vaccinated. He was a convert to the views of Jebb and Bergh, and he paid the penalty of martyrdom."—*Boston Jour. of Chem.*

NEW MYDRIATIC.—Dr. Emmert, of Berne, has made a series of experiments upon the pupil-dilating powers of hydriodate of hyoscin, a crystalline salt obtained by treating hyoscin with hydriodic acid. Hyoscin is an alkaloid obtained from amorphous hyoscyamin. The results showed that the new salt acted more energetically and more rapidly than either sulphate of atropia or duboisin. The solution need not be stronger than one to one thousand, and even then it is more active than the half-per-cent atropia solution. It is also less poisonous than the latter. Even at its present price, which will naturally be reduced if the drug becomes better known, it is a cheaper as well as a stronger mydriatic than atropia.—*London Pract.*

PROF. LANGENBECK is soon to retire from his professorship in the Medical Faculty of Berlin. His retirement is heralded by expressions of regret from every quarter. Though seventy-one years of age, he has still a sure hand and an unusual elasticity of mind and body.

THE late Dr. Pancoast left an estate valued at a million of dollars. It is safe to say that he did not make it out of his practice.

Original.

ON CHOLERA INFANTUM.

BY W. F. HAMER, M.D.

I shall not enter into the general details of this subject, as every practitioner knows what infantile cholera is, but will simply report some cases as they have occurred in my practice.

CASE I.—I was called to see M. E., aged eleven months, July 10, 1881, at 10 A.M., and found her vomiting, the bowels acting every ten minutes, the discharges being very watery; pulse 140, temperature 104°. There was considerable stupor. She was placed in a mustard bath for from six to ten minutes, and afterward rubbed dry and laid in bed. The following was ordered: Iced gum-water freely as a drink alternately with subnit. of bismuth and saccharated pepsin, of each ten grains, given in ice-water every one or two hours. A poultice of mustard and flaxseed was placed over the abdomen and cold applications made to the head. I called at 2 P.M., and found the patient resting easy. The bowels had moved four times and there had been some vomiting; pulse 130, temperature 102½°; treatment continued. I saw her at 7 P.M.; pulse 130, temperature 102°; had vomited two or three times; bowels had acted three times since 2 o'clock. The bath was again resorted to and the following prescription was given: R Tinct. opii deodorat., gtt. x; bismuth. subnit., ʒ ij; syrup. simpl., ʒ ss; mist. cretæ, ʒ jss. Mix. Sig. Teaspoonful every two hours alternately with the gum-water. Iced brandy was also prescribed.

Called at 6 A.M., July 11th; patient resting easy; treatment continued. Called at 11 A.M. There had been some vomiting, but the bowels were easier; pulse 120, temperature 102°. The bath was again given and treatment continued. At 2 P.M. patient was resting well. At 8 P.M. pulse 130, temperature 102½°; bath again given and treatment continued.

At 7 A.M., July 12th, patient had rested well, vomited but twice during the night; the bowels had moved three times; pulse 115, temperature 100°. At 3 P.M. still improving; medicine to be given at longer intervals.

* July 13th, at 8 A.M., still improving. Case discharged.

CASE II.—R. H., aged fourteen months. I first saw him on July 14th, at 3 P.M. The

bowels were acting frequently and the patient had vomited several times; pulse 120, temperature $103\frac{1}{2}^{\circ}$; the stools were thin and watery. I ordered the following: R Bismuth. subnit., \mathfrak{z} ijs; pulv. cret. camph. c. opii, \mathfrak{z} ss; pepsin sacch., \mathfrak{z} ij. Mix and divide into ten powders. One powder to be taken every two hours in ice-water alternately with gum-water. A poultice of flaxseed and mustard was applied over the abdomen moistened with an infusion of hops. Cold applications were made to the head. At 9 P.M. pulse 130, temperature 104° . A mustard bath was given and iced brandy ordered to be given alternately with the powders.

At 6 A.M., the 15th, the bowels were easier, but the patient had vomited three or four times; pulse 120, temperature 102° . Treatment continued. At 1 P.M. resting at ease. At 7 P.M. pulse 115, temperature 101° ; the bowels had moved three times since my last visit; patient had vomited once.

At 8 A.M., July 16th, still improving. Case discharged.

CASE III.—Z. E., aged sixteen months. I visited him on July 17th, and learned from the parents that previous to my call he had had simple diarrhea for a week or more. At time of visit the vomiting was persistent, the bowels acting at short intervals; stools very watery and in considerable quantity at each passage; pulse 130, temperature 104° ; patient very restless. During this visit the patient was seized with a convulsion, which lasted for about twenty minutes. The mustard bath was given and the following prescribed: R Potas. brom., \mathfrak{z} ij; aquæ menth. pip., \mathfrak{z} ss; aquæ destil., \mathfrak{z} jss. Mix. A teaspoonful every twenty minutes until quiet is restored. A poultice of mustard and flaxseed was applied over the whole abdomen, and as soon as he became quiet the following prescription was given: R Bismuth. subnit., pepsin sacch., \mathfrak{aa} gr. xij, in ice-water, to be repeated every two hours. Cold applications to the head were also ordered. At 5 P.M. the patient was easy; pulse 120, temperature 102° . Bath again given and treatment continued.

I saw him again at 7 A.M. the 18th. He had vomited some three or four times, and the bowels had moved four times; pulse 115, temperature 101° ; treatment continued. At 1 P.M. bowels were acting more frequently and the vomiting continued. The bath was again resorted to and the following was prescribed: R Bismuth. subnit., pepsin sacch., \mathfrak{aa} gr. xij; pulv. Dover., gr. ss. Mix. To be given in ice-water every two hours; also iced

gum-water alternately. At 8 P.M. the patient was resting well; he had vomited twice and the bowels had acted three times; pulse 115, temperature $101\frac{1}{2}^{\circ}$. Treatment continued.

At 7 A.M., July 19th, I found that his bowels had moved but three times during the night, and that he had vomited once; pulse 110, temperature 100° ; treatment continued. Saw him at 5 P.M.; he was still improving, and I discharged the case.

CASE IV.—On August 13th, at 2 o'clock A.M., I was called in haste to see H. R., aged fifteen months. I found him in a violent convulsion, which lasted about thirty minutes; bowels acting very freely, and there was much vomiting. I gave chloroform by inhalation and had a large mustard poultice applied over the bowels, with smaller ones around the wrists and ankles. The convulsion being under control, he was put upon the following: R Potass. brom., \mathfrak{z} ij; aquæ menth. pip., \mathfrak{z} ss; aquæ destil., \mathfrak{z} jss. Mix. A teaspoonful in ice-water every thirty minutes until patient becomes quiet. The bismuth and pepsin, as prescribed in the other cases, were given every hour or two in ice-water. Cold applications to the head were also made. At 8 A.M. there was some vomiting, but the bowels were easier. The potass. bromide mixture was ordered to be given every two or three hours with iced gum-water and brandy, and pepsin and bismuth every hour or two. At 1 P.M. the patient was easy; treatment continued. At 8 P.M. had vomited but twice since my last visit; his bowels had acted four times.

7 A.M., August 14th, he had rested well during night; treatment continued. 5 P.M., patient still improving. I ordered the medicine to be given at longer intervals, and on the next day discharged the case.

OTTAWA, KAS.

ANCHYLOSIS OF THE HIP.

BY CHAS. C. F. GAY, M.D.*

Anchylolysis may be true or false. True anchylolysis may be straight or angular, partial or general; it may be limited to a single joint or involve them all at once. False anchylolysis is the rule and true anchylolysis the exception. No period of life is exempt from it. Childhood and old age are subjects of it, as it is sometimes congenital.

In the movable articulations (diarthrosis) we have both forms of anchylolysis. It is most

*Abstract of a paper read before the Section of Surgery, American Medical Association, St. Paul.

frequent in the hinge-joints (ginglemus), and most rare in the ball-and-socket joints (enarthrosis). Anesthesia is frequently necessary in order to differentiate the true and false or fibrous ankylosis.

Questions of risk to life and limb always present themselves when considering the advisability and feasibility of breaking up an ankylosed joint, and the first question that arises has reference to the probability of obtaining such measure of relief of deformity as shall be sufficient to compensate one for the risks taken.

The second question has reference to choice of operations: the selection of that one which best promises immunity from danger, avoids the maximum of risk, and gives greatest guarantee of good results. The innocuousness of violent manipulation of ankylosed joints is most wonderful, yet we can not ignore the fact that operations on the larger joints are attended with more or less danger, which is sometimes, it must be conceded, more imaginary than real.

The statements of W. Mitchell Banks, F.R.C.S., and Erichsen relative to the indications for breaking up a joint were quoted, and Dr. Gay, in his paper, stated that if these statements be literally true, and if we have to acknowledge that modern surgery has no recourse for straight ankylosed limbs, then this class of patients are in a helpless condition. The case I herewith report, in which I illustrate the risks of an operation by fracture, will assist one in arriving at a correct solution of the questions involved better than from any thing I can say. It is a case, the treatment of which, though not carried forward to completion, nevertheless constitutes a contribution of some value to the surgery of ankylosis of the hip.

A patient, twenty-two years of age, entered the Buffalo general hospital with the following history: He was healthy, unmarried, and a farmer, and in 1874 had rheumatism. He had three different attacks. One year since he took a few doses of medicine for this ailment, which was followed by convulsions. He became unconscious and remained so three hours, after which he was paralyzed. He gradually regained use of his arms and ankle-joint, but the hips and knees became permanently ankylosed with the limbs in a straight position, so that the axes of the femur and the trunk corresponded. Before any attempt was made to relieve the limbs it was believed that the ankylosis was extra- and not intra-articular. The patient was willing, since he was obliged to

maintain the recumbent posture, to undergo any reasonable risk provided encouragement could be given of relief.

Accordingly, after agreement that if upon trial it was found impracticable to restore mobility to the joints, the neck of the femur should be fractured with the view of making a false joint. On March 26th the patient was etherized, when it was ascertained that the ankylosis was long and complete. The pelvis was now secured to the operating-table, the limb grasped at the great trochanter with both hands, while assistants secured firm hold of the shaft of the femur. It required but little force for a short time applied to fracture the neck of the femur; but whether the fracture was intra- or extra-capsular could not be ascertained, nor was it material to know. The capsular ligaments were thought to have been previously destroyed by disease. But little pain followed the operation, and on the second day the patient was comfortable and made no complaint. The limb had been brought up to a right angle with the body, but was left extended for a few days, after which motion was made and practiced from time to time. A little later the limb was suspended by means of a cross bar, to which was attached a rope and pulley, the patient being himself able to move his limb in any direction.

On May 7th, six weeks after fracture, the patient was again etherized and the opposite limb fractured by the same method at its neck, and in addition adhesions of both knees were broken up and the limbs flexed beyond a right angle with the thighs. The patient was put to bed with his limbs in a straight position, and an anodyne administered hypodermically as often as it was required. Much pain of the knees was complained of, but there was less inflammatory action than had been anticipated. On the 9th the pulse was 134, temperature, 100°; 10th, 109 and 101°; 11th, 100 and 99½°; 12th, 106 and 94¼°. He rallied well from the shock of the operation, and no motion of the limbs was made for a few days. At length, when passive motion was made, he bitterly complained of pain at the knees, and required an anodyne, but it was subsequently ascertained that a few drops of water hypodermically injected had just as soothing an effect as morphine. Therefore no more of this drug was given during the subsequent treatment.

About the middle of June, or six weeks after the last operation, the patient received peremptory orders to return home, and a

brother came and took him away, against our protest. At this time there was no osseous union, and as he was beginning to sit up in bed, his prospect was good, provided good treatment could have been continued.

BUFFALO.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

In a former letter I spoke of a woman who died of embolism of the pulmonary artery,* and during the past week we had pathological specimens presented of a second case of the same disease, occurring also in a woman. But in this instance the disease seemed to have been rather chronic in its progress, if such an expression is allowable in speaking of that generally rapid disease. It has, until lately, been considered infrequent in its occurrence; but that opinion may have existed from the fact that in many instances its true character was overlooked and its effects attributed to some other cause. It is now known to be of common occurrence, producing sudden death in many cases of pneumonia, rheumatism, metritis, etc., heretofore unaccounted for.

Prof. Welch, after explaining the cause of death in the case above alluded to, proceeded to speak of the characteristics of embolia and thrombi in general. Prof. Flint, in his work on practice, gives a better description of these pathological formations than I have seen in any other book.

A thrombus may be defined to be a clot formed any where in the course of a vein from the periphery toward the heart. This clot may form slowly or quickly, the latter being the case after parturition from contraction of the parietes of the uterus, in various operations and violent injuries to parts. This condition is more rare in the arteries from the fact that the blood circulates so much more rapidly in these vessels. They may form slowly in consequence of certain conditions of the blood, especially when it is highly fibrinous, during inflammatory processes, or in diseased conditions of the vessels. They might result slowly, for instance, in atheroma of the arteries resulting from syphilis, or in degeneration of those vessels in old age, as calcification with roughening of their coats.

There are two kinds of thrombi. The

first consists of the complete blocking up of the vessel. In the second the occlusion of the vessel is incomplete. The latter usually forms slowly. In the first place, a very small quantity of blood adheres to the diseased or roughened wall of the vessel, which is usually augmented from the current, until half or more of the caliber of the vessel is involved. Here the process of accretion may be arrested and the circulation be not very materially interfered with. A thrombus may be white, red, or mixed, these conditions depending on the time they have existed. If a considerable time has elapsed since their formation, all the liquid portion of the blood, with the coloring matter, will have been absorbed, leaving only the fibrinous portion, constituting the thrombus. When the clot has remained a short time only, there will be left the coloring matter of the blood, with the fibrin, constituting what is termed the red thrombus. The mixed variety is found where the patient lives for a few days after its formation. When a red thrombus is found, it is strong evidence that it was formed just before death, except perhaps in the heart, where a clot may form post mortem.

Thrombi, as such, always remain at the site of their formation, except in cases where they may project into the course of veins at their bifurcation, when it is possible a portion may be washed off and carried through the heart, and become an embolus in the pulmonary artery. A thrombus may form in either a vein or an artery, but an embolus never forms in a vein, except as above stated or perhaps in the vena porta; the reason of which is very obvious. An embolus is not always formed by blood, but may result from the escape of a particle of fibrous vegetation formed in the heart cavities or on the valves during endocarditis, or from fatty degeneration of some organ or muscle, or from air getting into the veins during surgical operations. A particle of fatty matter or a bubble of air may be carried along the vessel until it is arrested on account of bulk. Also a particle of cancerous matter or calcareous deposit may be detached and washed along in like manner, until it produces embolism of some vessel.

The effects of thrombi may be merely mechanical, interfering a while with the circulation, so as to produce edema, as in milk-leg, varicose veins, and neuralgia, when in a few days, by means of collateral circulation, these conditions may disappear. When thrombus occurs in the vena porta, we have congestion of the various viscera of the ab-

* LOUISVILLE MEDICAL NEWS, Vol. XIII, page 77, 1882.

domen, as the stomach, liver, kidneys, etc.; and, as in this instance it acts as an embolus, it becomes serious in proportion to the size of the vessel it obstructs. An infarction in the liver might be relieved to some extent by the hepatic artery furnishing blood-supply to the part thus cut off. Hence, a thrombus may be said to be bland or dangerous according to its situation, or as it may be complete or incomplete.

An embolus being arrested in a small artery produces what is termed an infarction or complete arrest of the flow of blood to the part which that artery supplies. The part thus deprived of blood becomes necrosed or dies. In a short time the tissue thus destroyed presents a whitened aspect, if the blood-supply has been entirely cut off; or if not completely, a slightly pinkish cast. This condition constitutes, if in the brain, what is termed softening from embolism.

An embolus may be bland, dangerous, or infectious. It is bland when the infarcted part can be nourished by other vessels through anastomoses; dangerous, when large enough to plug up large arteries in organs essential to life, or in smaller vessels supplying parts not furnished with blood by other vessels; infectious, when composed of putrid or decomposing material, as in matter derived from wounds, abscesses, or cancerous growths. When embolia derived from these sources form, a pathological process is set up in the part, producing abscess, which constitutes pyemia.

I have, in as succinct and condensed a manner as possible, stated in the foregoing remarks the nature and characteristics of thrombi and embolia. It may be remarked by some that every body knows all about these matters, and it is useless to publish them in a medical journal. This may be so with many, but I am convinced that some, at least—for instance, country doctors like myself—are not so well posted. I feel satisfied that many patients die from the effects of these troubles when the cause of death is not even suspected by the physician. When a person dies suddenly, it is generally said he died of heart or brain affection; or if he dies after lingering a while, with impairment of mental function, it is guessed that he died of brain softening, without knowing the cause. I therefore offer no apology for writing this article, but hope some doctor no better posted than myself will take the trouble to investigate the matter for the benefit of himself as well as his patient.

NEW YORK.

T. B. GREENLEY, M.D.

Books and Pamphlets.

A CASE OF SUBCUTANEOUS SUPRA-CONDYLOID OSTEOTOMY, FOR CURE OF GENU-VALGUM. By Ap Morgan Vance, M.D., late interne of Hospital for Ruptured and Crippled, New York; Orthopedic Surgeon of Kentucky Infirmary for Women and Children, etc. Reprint.

The history of the case is succinctly given, and the steps of the operation are nicely detailed. From a discussion of this case by certain New York surgeons, recently reported in the New York World, it would seem that though this operation has been performed in more than one instance in this country, Dr. Vance is the first American surgeon who has given a formal report of a case illustrating its feasibility and advantages. Dr. Vance attributes his success to the fact that the bone was cut in each instance through but one small incision of the skin and periosteum; the wounds, immediately after the breaking of the bones, being sealed up; by which means the conditions of a simple fracture were secured. If the plan of procedure adopted by Dr. Vance is practicable in every case, we see no reason why an operation which promises so much for the relief of so ugly a deformity should not become a common surgical procedure.

ST. LOUIS DRUGGIST PROSPECTUS: A New Weekly Journal devoted to the Interests of the Drug, Oil, Paint, and Chemical Trade of the United States.

The Druggist will consist of not less than twenty-four pages and a cover. The business management and general direction of the journal has been vested in Mr. W. F. Coulter, and upon the staff of writers already engaged is to be found the name of Prof. Oscar Oldberg.

The management of the new journal is in good hands, and we see no reason why the promises of its prospectus should not be fulfilled.

MINUTES OF THE TWENTY-SEVENTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY, held at Louisville, April 5, 6, and 7, 1882. Louisville: Terrell, Dietz & Co., printers.

This is a neat volume, giving a full review of the business transactions of the Society, with the titles of the papers read, a list of new members, and the work of the various committees. The department of Necrology contains the names of an unusually large number of distinguished physicians.

REPORT ON THE PROGRESS OF SURGERY. By W. O. Roberts, M.D., Professor of Surgical Pathology and Operative Surgery, University of Louisville. Reprint.

This report discusses not only recent advances in surgery, but also the vexed questions of the science. The last word has not yet been said upon topics that have engaged the attention of surgeons for many years. Dr. Roberts's contribution is clearly expressed and very comprehensive in its scope.

Selections.

Therapeutical Action of Ergot.—John Dewar, L. R. C. P., etc., in the London Practitioner for May, makes the following observations on the therapeutical action of ergot:

From its action on the circulation and the nervous system it is evident that ergot possesses a wide therapeutical range. In mentioning a few diseases in which I have found it useful I would place at the head of the list *pertussis*. I am aware that in this disease a vast number of remedies are useful; but after a pretty extensive trial, both in hospital and private practice, I am inclined to regard ergot as the best and safest. . . . Ergot seldom fails to cure whooping-cough in from one to three weeks. The cases that are longer in getting better are those complicated with bronchitis or with troublesome bronchial catarrh. I give from four to fifteen minims of the liquid extract every three or four hours to children of three months and upward. The benefit of the secale is at once apparent, the fits of coughing occur less frequently, and are not so severe when they do occur. I usually give it alone with a little sugar, but in complicated cases it may be combined with other remedies, and especially with the compound syrup of the phosphates to complete the cure when there is debility. . . .

Of its power to cut short the disease there can be no doubt, whatever be the theory of its action. This I have in scores of cases proved; nor is it necessary to give cases in detail, as all the cases would simply show a daily declension of the disease until, at the end of a fortnight or three weeks, the cough quite ceased. But in some cases the cough returns when the medicine is left off, so it may have to be continued for two or even three months; this, however, is the exception.

The power of ergot upon whooping-cough throws some light on its physiological action. Indeed clinical or therapeutical observation often aids physiological research, though without experimental (vivisectional) investigation the therapist would be in hopeless darkness. Its action in whooping-cough appears to me to favor the theory that the sensory peripheral endings only are affected, as central anemia of the cord from constricted vessels could scarcely account for the *speedy* antispasmodic action of the drug, though later on it may have something to do in bringing about a cure.

On the uterus. On the parturient uterus every one has tried the effects of ergot; yet obstetricians are frequently disappointed in its action, so much so that many say it is useless; and I suppose every one has felt it to be provokingly uncertain, even in a most suitable case—a well-advanced labor free from mechanical obstruction, a dilated or dilatable os, and a multipara. In vain are large and oft-repeated doses given, the sluggish uterus will not act. Whether it be the only one or not, I know one cause to be inertness of the drug. After a pretty extensive trial of powder, tea, tincture, and liquid extract, I have found the best results from the liquor secale ammoniata when well prepared. Let one typical case suffice: Mrs. M., in labor with her seventh child; usually very quick. Visited patient at eight o'clock in the morning. She had been in labor all night, during which time the membranes ruptured. Pains very feeble; os dilatable and as large as the mouth of a teacup. Went home, returned about twelve o'clock,

and found her much in the same condition. I then gave one dram liq. sec. ammon. (Ferris). In thirty-five minutes sharp pains came on, and in another fifteen minutes the child was born. Placenta came away easily. In this case the labor had lasted eighteen hours. In cases where I have given a dram and a half of the secale for a dose, violent uterine contractions have taken place, expelling the child and retaining the placenta for some time by hour-glass contractions. This retention of the placenta I have frequently found after giving large doses, but not with dram or half-dram doses.

Has ergot any action on the unimpregnated uterus, or on the impregnated before parturition has commenced? As far as my experience goes, ergot has no appreciable effect on the impregnated uterus when given in therapeutical doses. On the unimpregnated uterus its action is not very marked unless it be given for a lengthened period. In subinvolution and in chronic congestion and enlargement, the cavity of the uterus—the sound being judge—does not become diminished by the action of secale alone, but, with rest and other remedies, it helps. I have not much faith in its action on uterine fibroids. If they are submucoid, ergot will assist their enucleation after an incision has been made. But it is too much to expect from a remedy that a tumor of any size will have its blood-supply so cut off as to destroy the growth, or to cause enucleation by contractions. In such cases, however, it will assist natural efforts of expulsion when such have commenced.

Theoretically, ergot should have some effect upon all hemorrhages, congestions, and atonic conditions of the system. In hemoptysis it has been highly spoken of; but my experience of it in that disease is small, as I have found such good results from the tincture of hamamelis that I seldom use any other remedy. Again, it is constantly used alone or combined with sulphuric acid in menorrhagia, metrorrhagia, and with more or less success. So also in leucorrhea and galactorrhoea, although I have not found it of much use in preventing or cutting short mammary abscess.

In atonic and enfeebled conditions so often met with in women where anemia is associated with a weak heart, inertia, etc., ergot combined with tincture of iron often acts better than strychnine and iron or digitalis and iron. Allbutt has used it with great benefit in men who are worn out from worry and who need bracing up. So with children I have found it in some cases a useful adjunct to the compound syrup of the phosphates where the latter is indicated.

In diarrhea several writers have spoken highly of ergot, but in my hands it has invariably failed; indeed it has always increased the diarrhea, and this, from its action upon the muscular fibers of the intestines, is what one would expect. Any theoretical advantage to be gained by contraction of congested vessels in the mucous membrane is more than counterbalanced by the increased peristalsis. In a typical case of chronic diarrhea which I had under my care a short time ago, and which continued for months despite every kind of treatment, I gave some ergot; but the patient could not be persuaded to finish one bottle, as he said it made him "worse than ever." The diarrhea was due to muco-enteritis, and the case did well on large doses of bismuth. In children who have been taking ergot for some time diarrhea frequently sets in. This is the only bad effect I find from its prolonged use—two or three months—in children; and when it is given in ordinary thera-

peutical doses, five to ten drops every four or six hours, it may be continued for a very long time without doing harm.

The action of ergot upon the spinal cord is well known, but in congestion of the brain in children I have been most unfortunate in its use, even in large doses. In some of my cases, however, there was a suspicion of tubercle.

The following case, which was under my care a few weeks ago, may be looked upon as illustrating the speedy action of ergot upon what appeared to be localized congestion of the cord: A little boy, aged four and rather delicate, was suddenly seized with what his mother thought a slight convulsion, in which he threw his head back, rolled his eyes, etc. Upon recovering he lay with the back of his head almost touching his spine, and he was in that condition when I saw him. On attempting to bring his head forward he strongly resisted and screamed. In this state the child lay for a fortnight appearing to get worse, for, besides his head being retracted, when he was held up his legs were found to be powerfully flexed on his thighs, and they could with difficulty be straightened. Iodide of potassium and various other internal and external remedies were used for a fortnight without the slightest effect. I then gave him ten minims of liq. ergotæ every four hours. In two days he showed symptoms of improvement, which continued until, at the end of a month from the commencement of the attack, he had recovered. During the last week the compound syrup of the phosphates was added to the secale. There are several interesting points connected with this case, but I am only concerned here with the action of the ergot.

The only other affection I shall mention where ergot seems to be useful and deserving of further trial is nasal catarrh. This troublesome complaint, which has hitherto resisted all remedies, if taken in its early stage may be cut short by a full dose of ergot, repeated if necessary.

Epithelioma, its Surgical Treatment—Loose Cartilages.—Before the London Clinical Society, May 12th, Joseph Lister, D.C.L., F.R.S., F.R.C.S., President, in the chair, Mr. Pearce Gould showed a man, aged seventy-three, on whom he had performed a new operation for amputation of the penis. The disease for which this was done was epithelioma, extending back to the pubes. The scrotum was split along the raphe, the urethra detached from the penis and fixed to the perineum just behind the scrotum, and the crura of the corpora cavernosa were then peeled off from the pubic arch, and the whole organ thus removed. The man had complete power over his urine.

Mr. T. Holmes related this case, which was that of a young man suffering from an ulcer of the leg, which presented decided appearances of epithelioma, both to the eye and the microscope. It was of very large size, almost isolating the tendo Achillis, and accompanied with considerable enlargement of the inguinal glands. These symptoms would undoubtedly have been held, in former times, to indicate amputation. The total removal of the epitheliomatous tissue, followed by the free application of the actual cautery, was sufficient to induce sound cicatrization, and the enlarged glands subsided entirely. This is a fresh proof of the feeble malignancy of epithelioma.

Mr. Dent had been struck by the favorable results obtained in these cases. In a case recently under his care, of flat epithelial cancer, of six years' growth,

this was scraped and cauterized with good results, though the growth extended down to the bone. In another case a woman had an epithelioma-like ulcer of the leg, alveolar and pigmented. The constitution also seemed affected. This would not be a suitable case for operation.

Mr. T. Smith said that all surgeons must have been struck with the varying malignancy of ulcers. Epithelioma in a subject of twenty must be very rare—he had never seen a case. At such an age it could hardly be very malignant.

Dr. Wiltshire remarked that even though epithelioma rapidly spread when it attacked the vagina, one scraping often sufficed to relieve pain and hemorrhage, though an offensive fluid continued to flow. In two of his cases the patients did well for some months, but after that time grew worse—one had died, and the other growing rapidly worse. In a case where Paul Mundé operated for him the whole uterus came away; the woman lived eight months, but died at last from uremic coma. A patient who had been scraped and cauterized four and a half years ago was still well.

Mr. R. W. Parker was struck by the fact that the tendo Achillis was entire in Mr. Holmes's case, as cancers tend to eat into any tissue.

The President mentioned the case of a patient who frequently came to Simon at Heidelberg for relief for an epitheliomatous ulcer in the rectum. He thought the spoon should only be used where the knife could not. However carefully removed, epitheliomata did recur. In a case of his own he had removed an epithelioma of the cheek, making a wide cut, but the growth returned. He was not sure of the epitheliomatous nature of Mr. Holmes's case.

Mr. Holmes, in reply, said he suspected that many growths originally local tended to become epitheliomatous and constitutional in type. His case certainly corresponded to the ordinary descriptions of epithelioma, and he would urge that such cases, if early treated, might result in the extirpation of a disease rapidly becoming malignant.

Removal of Loose Cartilages.—Mr. T. Holmes related a case of removal of loose cartilages. The case was in two respects remarkable—first, on account of the number of loose cartilages (there being six of large size and one small one) contained in the joint in a person not apparently affected with chronic rheumatic arthritis, and still very active, and even athletic; and next, on account of the perfect immunity which attended the somewhat protracted manipulations necessary for their extraction, there being no rise of temperature or any symptom of inflammation, except that which followed a somewhat too early use of the limb, and this was only trifling.

Mr. Haward had removed three loose cartilages from the knee of a man some time ago, and since then one in another patient. He advocated a free incision as better than a small one. He preferred small lithotomy-forceps to the fingers in the removal of the cartilages.

The president said the case was both rare and interesting. He had only seen one under Professor Thiersch, who removed several from one joint—some rather large. They seemed to grow after separation. Mr. Joseph Bell had suggested that they should first of all be fixed by a needle, cut down upon, and removed by the needle.

Mr. Holmes condemned this plan, especially if the cartilages were hard and resistant. Free incision with antiseptic precautions was undoubtedly the best

and simplest plan of procedure. In his own case he had failed to find two cartilages. Professor Pirrie mentioned a case where twenty-five were removed. It was quite a mistake to suppose that the joints were always diseased when loose cartilages existed in them.—*Med. Times and Gazette.*

Sensory Epilepsy.—In the New York Medical Journal and Obstetrical Review for June, 1882, Dr. Allan McLane Hamilton presents a paper on cortical sensory discharging lesions (sensory epilepsy), or that form of epilepsy in which the sensory element preponderates, whether as an aura preceding a motor discharge, or occurring as a part of a paroxysm in which there is little or no succeeding motorial disturbance, but simply a discharge consisting of a preliminary alteration of special sensibility, and an immediate subsequent stage of unconsciousness. In a majority of these cases there is, he remarks, the simplest form of subjective consciousness of sensory impressions, most of the attacks consisting of the primary stages suggested by Jackson, such as a sudden stench in the nostrils, or colored vision; but in two or three instances there has been much more than this, and the phenomena have been quite remarkable. In some cases the occurrence of a transient contraction of the fingers of one hand lent additional interest to the history, especially in regard to localization. In one case the patient's sensory condition was not the dreamy state referred to by Jackson, but there was always an hallucination of taste, the patient declaring that he had tasted copper or some other nauseous substance; and in other cases there were equally striking proofs of the primary involvement of the cortical centers. The occasional occurrence of hallucinations as a part of the epileptic attack has been mentioned by various authors. Briere de Boismont, Esquirol, Delasiauve, Maisonneuve, Billod, Sommers, Bergmann, Guislain, and Tigges, as well as many other writers, have furnished cases which began with sensory auras or hallucinations, but none of them, says Dr. Hamilton, have made a distinct classification of sensory and motorial epilepsy, and but little mention is made of the disease where the paroxysms consist solely of sensory phenomena, the disturbance of motility being absent. He has not, so far, met with cases in which the individual was influenced by his hallucinations to express them by special motor acts before the attack, except in an unimportant way. On two occasions he has been present at the beginning of a sensory attack. In one instance the patient complained afterward that he smelt a horrible stench. Immediately before losing consciousness he carried his hand up to his nose, and immediately afterward became oblivious to every thing about him. A similar action was performed by a patient who forcibly placed both hands over his eyes, as it afterward transpired, to keep out a bright light that blinded him.

In the light of all that has been done in the localization of cerebral disease, Dr. Hamilton thinks that we should discover, if possible, the part played by the cortical sensory centers in the genesis of such epilepsies. So far little has been brought forward to connect lesions of the sensory centers with special symptoms. In our pathological discussion of sensory epilepsy the distinction should be made between lesions of the thalamus opticus and those of the cortical sensory zones, for in the one instance the sensory disturbance may be called the essential, while in the

other there may be said to be an affection of special subjective consciousness. If an impression upon the organ of sense is sufficiently intense to impress the infra-cortical central sensory apparatus (thalamus opticus) centripetally, it does not follow that there need be any implicated alteration of function in the cortical sensory regions. A lesion of the posterior part of the thalamus opticus, for example, may result in blindness—a *mechanical* blindness, if such an expression can be used, though there are exceptional cases reported by Brown-Séquard where even this is not the case—but it will not produce *word-blindness*, a purely psychical defect. There must be some altered cortical function to account for the unmistakable mental operations which permit the individual to recognize the altered sense-states and enter into the involuntary formulation of hallucinations which are afterward remembered. The author therefore does not believe the disease of the thalamus opticus *alone* plays any part in the origination of hallucinations. He thinks we may recognize a form of epilepsy of sensorial character, the motorial features being either absent or insignificant; that such sensory manifestations arise from an unstable condition of the sensory cortical centers; that a light grade of sensory disturbance may indicate simply a suspension of inhibition through an exhausted state of the perception centers which are infra-cortical, or a suspension of the influence of the superior cortical centers, in which case the process is more complex, and the result may be the formation of hallucinations.

Treatment of Syphilis.—Sigmund asserts that the internal administration of mercury is fast losing ground. The chief methods to be employed are frictions and injections. We should still bestow attention upon internal medication, since its application is useful in different spheres of life; but he advises small doses, given once or twice a day: Calomel, $\frac{1}{4}$ to $\frac{1}{2}$ gr.; sublimate, $\frac{1}{16}$ to $\frac{1}{8}$ gr.; proto-iodide, $\frac{1}{4}$ to $\frac{1}{2}$ gr.; deutioduret, $\frac{1}{4}$ to $\frac{1}{8}$ gr. Decoctions are valuable aids to treatment, especially in old skin- and bone- and gummatous conditions.

As an external application for children he recommends corrosive sublimate in ablutions and baths. As an external application, he thinks the gray ointment requires no special indorsement. It is well known. Hypodermic injections are made chiefly with sublimate and calomel.

In children, pregnant women, or very sensitive patients, injections are contra-indicated, as well as in those suffering from convulsions, especially epilepsy. In the early stages, in the light of evidences of later stages, in pareses or paralyses, injections should be used before we think of frictions.

Calomel is more seldom used than the sublimate, because injections of the first more often produce abscesses. Sigmund has used small quantities daily ($2\frac{1}{2}$ to $3\frac{1}{2}$ grs.), and has rarely seen abscesses, and the results have been equal to if not much better than with sublimate.—*Wiener Med. Wochens.; St. Louis Clinical Record.*

A New Febrifuge.—Dr. de Vey recommends the borate of chinoidin as a new and inexpensive febrifuge. He believes that it possesses in addition the antiseptic properties of boracic acid. Three grams of the salt are an equivalent dose to two of sulphate of quinine. The cost is about one twelfth that of quinine.—*Lond. Pract.*

HARTER'S IRON TONIC.

FORMULA. Each dram of this preparation contains 1 grain of Iron, 2 grains Calasaya Bark, 1-200 grain Phosphorus, 1 grain Coca, 1 grain Viburnum, with a sufficient quantity of vegetable aromatics, Cologne Spirits, Sugar and Distilled Water.

HARTER'S IRON TONIC is a combination of Phosphorus, Calasaya Bark, Protoxide of Iron, Erythroxyton Coca, and Viburnum, associated with the vegetable aromatics in a pleasant and agreeable form, which has been so long a desideratum with the medical profession. It is pleasant and agreeable to the taste, having none of the inky flavors so peculiar to other preparations of Iron. In a low state of the system it will be found particularly efficacious. Iron restores color to the blood, and the Calasaya gives a natural healthful tone to the digestive organs. Phosphorus is a mild stimulant to the brain and nervous system, with especial action on the kidneys, bladder, and organs of generation, both in the male and female. The Erythroxyton Coca is a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor due to prolonged physical or mental effort.

The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and broken down system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anæmia, chlorosis, etc.

The curative properties of Iron Tonic is largely attributed to its stimulant tonic and nutritive qualities whereby the various organic functions are recruited. Its action is immediate, produces at once a feeling of buoyancy to the intellect, removing depression or melancholy, and hence it is of great value in the treatment of mental and nervous affections. From its admirable composition, its use is indicated in a wide range of diseases.

The Iron Tonic contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of disease, fevers, and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections or induced by overwork, general debility in the most tedious forms of chronic diseases. It is friendly and helpful to the most delicate stomach. Does not cause nausea, constipation, or disarrange the digestive organs. Can be taken with impunity by the most delicate lady, infant, the aged or infirm, as by the sedentary student, whose system has suffered from over taxation of the brain; and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution.

It vitalizes the whole system; imparts tone, brain power, and nervous force. As a nerve power it is par excellence, a valuable ferruginous preparation, which in all respects merits the preference of the medical profession. Is valuable in all maladies caused by the impoverishment or deterioration of the blood. The blood of chlorotic women contains less of the globules than is the case in well women. Under the use of chalybeates the blood usually recovers quickly to the curor and globules which it had lost. The Iron Tonic given to chlorotic patients seems to have two methods of action, distinct, but equally necessary. First, it acts as a tonic and direct excitant of the stomach, as a special modifier of the peptic sense. Second, a part of the iron is dissolved in the gastric juice and absorbed, coming directly in contact with the inner coats of the vessels; while, by virtue of an action, which is dynamic or vital, the Iron Tonic by slow degrees places the impaired functions upon a normal footing. It is the combination of these two actions that reconstructs the blood globules, and finally cures chlorosis.

In the multitudinous nervous affections, complete loss of appetite and constipation, particularly in cases of delicate females, when the stomach is irritated, and the food inadequate to nourish and invigorate the drooping strength, and suffering from great nervous depression, it is a reliable preparation, and supplies a want as an invigorator and nutritive food tonic much desired by the profession.

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FORTY-FIFTH ANNUAL ANNOUNCEMENT OF THE UNIVERSITY OF LOUISVILLE,

SESSION OF 1881 AND 1882.

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L. P. YANDELL, M.D.....Professor of Clinical Medicine and Diseases of Children.
E. R. PALMER, M.D.....Professor of Physiology and Physical Diagnosis.
T. S. BELL, M.D.....Professor of the Science and Practice of Medicine and Public Hygiene.
THEOPHILUS PARVIN, M.D.....Professor of Obstetrics and Medical and Surgical Diseases of Women.
J. W. HOLLAND, M.D.....Professor of Materia Med. Therapeutics, Med. Chem., and Dis. of Nervous System.
DAVID W. YANDELL, M.D.....Professor of Surgery and Clinical Surgery.
W. O. ROBERTS, M.D.....Professor of Surgical Pathology and Operative Surgery.

H. A. COTTELL, M.D., and R. B. GILBERT, M.D.....Demonstrators of Anatomy.

F E E S .—Professors' Ticket, \$75.00; Matriculation Ticket, \$5.00; Practical Anatomy, \$10 00; Graduation, \$30.00
Hospital Ticket (required by the City), \$5.00.

SPECIAL AND OPTIONAL MANIPULATIVE COURSES.

H. A. COTTELL, M.D.....Demonstrator of Medical Chemistry and Microscopy.
W. OHEATHAM, M.D.....Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy.
B. BUCKLE, M.D.....Demonstrator of Operative Midwifery.
W. O. ROBERTS, M.D.....Demonstrator of Surgical Dressings.

The Spring Session of 1882 will open March 6th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-fifth regular Annual Session will commence on October 3, 1881, and will continue until March 1, 1882. Previous to this there will be a preliminary course of lectures free to all students, opening September 15th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Medical Chemistry and Microscopy, for which a fee of \$5 will be charged, and second-course students the three other courses, for which a fee of \$10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical and demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.00 to \$5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

The regular Annual Circular will be issued in June, and that it may be widely distributed a list of medical students and practitioners is requested from the friends of the School.

Address,

J. M. BODINE, M.D.,
Dean of the Faculty, Louisville, Ky.

TO THE MEDICAL PROFESSION.

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DOSE—One or two teaspoonfuls *three or more* times a day, as indicated.

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Very respectfully,

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